CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE L	COMMITTEE 3. LOBB	жана 3.
NAME OF FILING COMMITTEE, CAND		Odds-salty O.			
STREET ADDRESS	brea Hagerty-Ho	rynes			
630	Edgevale Drive				
Erie	_	PA (2	ZIP COD		
TYPE OF REPORT N	AME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO	5) 16 FARTY	509 DATE OF ELECT	ION
(CHECK ONE)	Tre County Clerk of Recor	ds Erre	Dem	MO. DAY	YEAR
PRE-PRIMARY				05 18 ;	202 W
2ND FRIDAY 2. PRE-PRIMARY 3.	DATES OF REPORTING PERIOD 03 03 200 TO	05 03 2021			
30 day Post-primary	CASH BALANCE AT END			ë B	
6TH TUESDAY 4. PRE-ELECTION	OF REPORTING PERIOD:	\$ <u>O</u>		DD Z	
2ND FRIDAY 5. PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILI AT THE END OF REPORTING PERI	TIES OD: \$			-
30 DAV: 6. POST-ELECTION	AMENDMENT YES	NO V		REI de	
ANNUAL TABLE TO A REPORT TO A	TERMINATION YES	NO X	The state of the s		
	AFFI	DAVIT SECTION			······································
	ehalf of a <u>Political Committee or C</u> ehalf of a <u>Candidate,</u> the Candidat ehalf of a <u>Contributing Lobbyist,</u> th			rer must sign here	
SWEAR (OR AFFIRM) THAT THE	AGGREGATE RECEIPTS OR DISBURSEMENTS OR L TY DOLLARS (\$250.00) AND THIS REPORT IS, TO			O INDICATED ABOVE DID N	vo†
SWORN TO AND SUBSCR	IBED BEFORE ME THIS	V Mill	19/1/	CORRECT AND GOMPLETE,	11
DAY OF	20	Aubrea F	RE OF PERSON SHEM	TYNG PORT	
MY COMMISSION EXPIRES	SIGNATURE MG. DAY YR:	814	PRINTED NAME	922	
	****	AREA CODE	DAYTIME TEI	EPHONE NUMBER	
RT II - tatement is filed on be	half of a <u>Candidate's Authorized C</u>	Committee, Candidat	e must sign hei	e .	
I SWEAR (OR AFFIRM) THA JUNE 3, 1937 (P.L. 133	TO THE BEST OF MY KNOWLEDGE AND BELIEF TH 3, No. 320) AS AMENDED.	IIS POLITICAL COMMITTEE HAS	NOT VIOLATED ANY P	ROVISIONS OF THE ACT OF	
SWORN TO AND SUBSCRI	BED BEFORE ME THIS				
DAY OF	20	\$	IGNATURE OF CANDI	DATE	•
	AND AND A SECOND SECOND		PRINTED NAME	¥	.
MY COMMISSION EXPIRES	SIGNATURE	·			
	MO. DAY YR.	AREA CODE	DAYTIME TEL	EPHONE NUMBER	• [



Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist									
Reporting Cycle Name									
☐ Cycle 1 6 th Tuesday Pre-Primary	☑ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	☐ Cycle 4 6 th Tuesday Pre-Election		Cycle 5 2 nd Friday Pre-Election				
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election	•	cle 9 ost-Special Election				

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

Aubrea Hagery - Haynes

Printed Name

Date (DD/MM/YYYY)

Epiz/PA/USA

Location (City/State/Country)